



International trends and initiatives in primary health care

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Recent trends in international health system reform have drawn attention to patient-centred approaches, multimorbidity, integration, workforce models of care and eHealth. A range of primary health care (PHC) initiatives have been implemented to support the operationalisation of these trends in countries' local contexts.

This *RESEARCH ROUNDup* introduces these trends and identifies initiatives designed to target them, describing evaluation findings where possible. Evidence is presented from countries perceived as comparable to Australia in terms of the organisation, funding and delivery of PHC. Future directions for PHC reform are discussed.

Recent reforms to international health systems have related to increasing the role of PHC across macro (policy), meso (organisation) and micro (patient/practitioner) levels. This is in response to population growth, ageing and changing composition; rising rates of chronic conditions; workforce challenges; and technological advances. There have been common trends as countries across the globe shift their focus toward PHC,¹ with particular emphasis on patient-centred practices, multimorbidity, integrating care, workforce and technology. As a result, initiatives addressing each of these trends have been developed, taking into account local context and resources.

Patient-Centred Approaches

Approaches which ensure that the patient is at the centre of health systems and practices emphasise education, family involvement, collaboration, sensitivity, respect, smooth transitions, personalised physicians and communication,² and often lead to patients receiving more care in, or near, to their homes. The best known initiative, the US Patient-Centred Medical Home, provides: patient-centred (whole person, their family and their preferences), comprehensive (physical and mental health prevention, treatment, rehabilitation), coordinated (specialists, hospitals, community services), accessible (short waiting times, phone and email contact) care which emphasises quality and safety through evidence-based practice and shared decision making.³ Evidence has demonstrated increases in the quality of care received, lower costs, and improved access, waiting times and patient experience among individuals involved with this model.^{4,5}

Multimorbidity

While chronic disease management has been a focus of PHC for some time, a recent trend has seen attention on management for individuals with two or more conditions.⁶ Several interventions have addressed multimorbidity, such as 'Guided Care' in which registered nurses with chronic care specialist training work with physicians, assessing older adults with multimorbidity at home, creating a care plan, encouraging self-management, monitoring outcomes, coaching, coordinating care and providing access to resources.⁷ The US Department of Health and Human Services also implement a Multiple Chronic Conditions Initiative, supporting federal programs targeting multimorbidity prevention and management. This has led to development of a strategic framework for guiding programs which aims to strengthen health systems, empower individuals,

provide health professionals with resources and support targeted research.⁸

Integration

Integration refers to 'the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system'.⁹ It has the potential to connect acute and primary care sectors and improve access, population health, workforce distribution, communication and sharing of resources. US Accountable Care Organizations are one example of a promising integration initiative. These are groups of health professionals who voluntarily collaborate, taking on shared responsibility for providing coordinated care and managing both care quality and costs.¹⁰ A further example is Monitor in the UK which uses pricing strategies to tackle obstacles preventing integration and enable smooth transitions across services.¹¹ In Australia Medicare Locals are taking responsibility for integrating PHC.¹²

Workforce Models of Care

New or more appropriate workforce models are being developed, encompassing team-based approaches and change in roles. Examples include UK advanced nurse roles where practice nurses substitute for, or complement general practitioners in chronic disease management;¹³ and US physician assistants who practice medicine with the supervision of a physician.¹⁴ Further developments include multidisciplinary teams, which can be policy or incentive driven, or teams based around specific patient groups, conditions or regions, that may share formal or informal partnership agreements. Recent initiatives have seen health and community/social services working together (eg. North West London Integrated Care Pilot¹⁵) and researchers on teams with health professionals (eg. US and Australian Primary Care Practice-Based Research Networks¹⁶). Other examples include UK 'polyclinics', Australian 'GP super clinics', Canadian 'family medicine clinics', Hong Kong's 'community health centres' and NZ's 'integrated family health centres'. Team-based approaches have shown reduction in hospital admissions, and improvements in chronic disease management and support of elderly populations.^{17,18}

eHealth

With advances in technology come advances in technological health practices.¹⁹ Particular trends gaining traction include telehealth (eg. Skype consultations), mHealth (eg. smartphone

apps, SMS reminders) and social media (eg. General Practice Clinic Facebook Pages, research dissemination via Twitter or blogs). eHealth is beneficial in its ability to support virtual integration and ensure that one of the collaborating parties in health care is the patient and/or their caregiver. This occurs particularly through electronic health records.²⁰ Positive feedback has indicated that these records improve overall quality of care and follow-up of test results, reduce medication-related errors, and enhance communication.²¹

Future Directions

There are other emerging trends in international PHC systems, many of which relate to the four objectives of Australia's new National Primary Health Care Strategic Framework.²² For example:

- 1 Build a consumer-focused integrated PHC system
 - **Ageing Populations:** Many trends identified here are of specific relevance to this cohort which typically records high multimorbidity and increased need for cross-sectoral care from multidisciplinary providers
 - **Supply and Demand:** Increasing shift towards the demand side, reflecting patient-centred care²³
 - **Funding:** New models and processes²⁴
- 2 Improve access and reduce inequity
 - **After-Hours Care:** Access to care at all times²⁵
- 3 Increase the focus on health promotion and prevention, screening and early intervention
 - **Social Determinants of Health:** Addressing social factors, particularly iprevention/chronic disease management and among developing countries²⁵
- 3 Improve quality, safety, performance and accountability
 - **Sustainability:** Acknowledgement that for the greatest results PHC initiatives need to be supported for long periods and informed by evidence from other countries' processes²⁶
 - **Accountability:** Governments and organisations must take responsibility for both the money spent in the health system and the quality of care; reflected in the introduction of regulatory bodies¹⁸
 - **Scaling Up:** Potential for translating interventions to different contexts to increase their coverage²⁷
 - **Reducing Costs:** Interest in finding innovative ways to reduce health care costs while improving population health
 - **Evaluation:** With a lack of evaluations of policies and practice worldwide, frameworks must be developed to effectively monitor performance.¹⁸

Despite different infrastructure and resources there are similar trends in PHC across the globe. Although initiatives operationalise these trends in ways that take into account local contexts, they reflect shared objectives of refining health system functioning and processes to improve population health outcomes and increase efficiency.

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